



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, PACIFIC TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL.: 587-0460 FAX: 587-0470

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## LOBBYIST REGISTRATION FORM

(See back of this form for instructions)  
(Type or Print Clearly)

### PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
TOYOFUKU	ROBERT	S.	808-524-4155
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1000 Bishop St., Ste. 902	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			808-524-4155
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1000 Bishop St., Ste. 902	Honolulu	HI	96813

### PART II ORGANIZATION


NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Hawaii Psychiatric Medical Association	808-536-6988		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania, 2nd floor	Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Lydia Hardie	808-536-6988		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania, 2nd floor	Honolulu	HI	96814

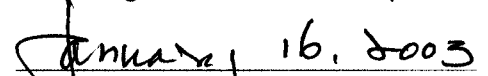
### PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

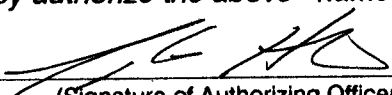
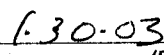
### PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

  
(Signature of Lobbyist)

  
(Date)

### PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Lydia Hardie			
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Hawaii Psychiatric Medical Association	808-536-6988		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
1360 S. Beretania, 2nd floor	Honolulu	HI	96814
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		 (Date)	